·	i (
	PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 1067 3506											
CLAIMS AS FILED - PART I SMALL I (Column 1) (Column 2) TYPE									<u>m</u> Y	OR	OTHER SMALL	
то	TAL CLAIMS		GB				RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			68 minus 20=		.48		X\$ 9=			OR	X\$18=	864-
IND	INDEPENDENT CLAIMS 4 minus 3 = 1 X42=							Ÿ	OR	X84=	84-	
MULTIPLE DEPENDENT CLAIM PRESENT						+14	+140=		OR	+280=	280	
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	197%
7	CLAIMS AS AMENDED - PART II OTHER THAN (Selumn 2) (Selumn 3) SMALL ENTITY OR SMALL ENTITY											
<u>, </u>	1-3/00	(Column 1)		(Colui		(Column 3)	SMA	VLL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA	. RA	ΓE	ADDI- TIONAL FEE	· ,	RATE	ADDI- TIONAL FEE
NDME	Total	· 68	Minus	**	<u> </u>	a	X\$	94		OR	X\$18=	
AME	Independent	* 7	Minus	***	4	= -	X4:	2=	^_	OR	∕X84=`	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=	·	ØR	+280=	
								OTAL EEE		OR	TOTAL ADDIT, FEE	
	•	(Column 1)		. (Colu	mn 2)	n 2) (Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	*	Minus	**		2	_ xs	9=		OR	X\$18=	
-	Independent	*	Minus	***	· = 	=	X4	2=	•	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=		OR	+280=	
								OTAL FEE		OR	TOTAL ADDIT. FEE	·
	•	(Column 1)			ımn 2)	(Column 3)					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Se Maria	Total	•	Minus	**		g.	X\$	9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***]=		2=		OR	You	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	-in-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL	
"	"If the "Highest Nu The "Highest Nu	umber Previously I mber Previously P	Paid For IN TH aid For (Total o	IIS SPACE or Indepen	is less the	ian 3, enter *3." ie highest num	ber found in		ppropriate b		olumn 1.	

FORM PTO-875 (Rev. 12/02)

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